

BEST AVAILABLE COPY

Att. Dated
FEB 25 1985
(76) 31-373

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS						SERIAL		FILING DATE					
						09-582495		APPLICANT(S)					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		3		/			55						
6		1		/			56						
7		1		/			57						
8		1		/			58						
9		1		/			59						
10		1		/			60						
11		1		/			61						
12		2		/			62						
13		1		/			63						
14		1		/			64						
15		1		/			65						
16		1		/			66						
17		2		/			67						
18		2		/			68						
19		2		/			69						
20		2		/			70						
21		1					71						
22		1					72						
23		1					73						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	27						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						